

Agenda: Outpatient Services, Youth and Family Peer Services and Mobile Crisis Services

August 27, 2020 – 10 a.m. to noon

Zoom Teleconference <https://zoom.us/j/91628607429?pwd=bGIwTk4Y1I5L1hVREcvRWMybzVxQT09>
 (see end of document for details)

| No. | Agenda Item | Leads | Time |
|-----|--|--|---------------|
| 1. | Opening and agenda review | Representative Lauren Davis | 10:00 – 10:05 |
| | <p>Presentations: Developing a shared understanding <i>15 minutes per topic (presenters and Q&A)</i></p> <p>Mobile Crisis Intervention Teams</p> | <p>Overview – Allison Wedin, Involuntary Treatment Act Administrator, Division of Behavioral Health and Recovery (DBHR)-Health Care Authority (HCA) – <i>2 min.</i></p> <p>Crisis family intervention services – Don Koenig, Regional Director, and Brook Vejo, Clinical Supervisor for the Children/Youth Mobile Crisis Team, Catholic Community Services of Western Washington – <i>7 min.</i></p> | |
| 2. | Outpatient Mental Health SUD Evaluation and Services | <p>Overview – Diana Cockrell, Section Manager, Prenatal to 25 Lifespan, DBHR-HCA – <i>3 min.</i></p> <p>Navos – Anthony Orias, Clinical Supervisor, Child, Youth and Family Outpatient Services - <i>7 min.</i></p> | 10:05 – 11:05 |
| | Youth Peer Supports | <p>Overview – Evelyn Clark, Youth Peer Liaison Program Manager, DBHR-HCA – <i>3 min.</i></p> <p>SPARK – Maria, Youth Peer – <i>5 min.</i></p> | |
| | Family Peer Supports | <p>Patty King, Family Liaison Program Manager, DBHR-HCA – <i>7 min.</i></p> | |

| | | | |
|-----------|---|--|---------------|
| 3. | <p>Idea Pitches <i>5 minutes each</i></p> <p>Integrated behavioral health supports in primary care</p> <p>Access to behavioral health supports for youth and young adults re-entering communities after confinement</p> <p>More robust services for youth and families prior to a crisis developing, including more peer support, more robust crisis responses, and Level 3 services</p> | <p>Dr. Thatcher Felt</p> <p>Ted Ryle and Tyus Reed</p> <p>Michelle Karnath</p> | 11:05 – 11:20 |
| 4. | Discussion | | 11:20 – 11:50 |
| 5. | Next steps | | 11:50 – 12:00 |

Join Zoom Meeting

<https://zoom.us/j/91628607429?pwd=bGlwTlk4Y1I5L1hVREcvRWMMybzVxQT09>

Meeting ID: 916 2860 7429

Passcode: 979912

One tap mobile

+12532158782,,91628607429# US (Tacoma)

+16699006833,,91628607429# US (San Jose)

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 669 900 6833 US (San Jose)

+1 346 248 7799 US (Houston)

+1 301 715 8592 US (Germantown)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

Meeting ID: 916 2860 7429

Find your local number: <https://zoom.us/u/advrjEzF6J>



INTEGRATED BEHAVIORAL HEALTH: A SOLUTION TO PEDIATRIC MENTAL HEALTH CHALLENGES

Thatcher T.H. Felt, DO, FAAP

Trustee – Washington Chapter American Academy of Pediatrics

PROBLEM

- Washington 43rd in the country for access to pediatric behavioral health
- Half of adult mental health issues develop before age 14y/o
- Pediatric behavioral health challenges are common making up 1 in 5 visits to primary care
- Many issues require referral but 80% of needs are often poorly met
 - Months until seen by outpatient behavioral health
 - Approximately 50% never attend referral and 50% are only seen once
 - Limited communication between behavioral health and primary care
- Immediacy of need for anxiety, depression, suicidality, ADHD is real

SOLUTION

- **Integrated behavioral health** using the Primary Care Behavioral Health model
 - Behavioral health consultant becomes part of the primary care team
 - Warm hand-off model - direct ongoing communication between BH and PCP
 - BH provider sees patient immediately before or after PCP
 - Encounter occurs in the same exam room as primary care exchange
 - Model NORMALIZES a behavioral health visit as part of primary care
 - Charting in the same system as PCP
 - Able to see weekly/monthly for short durations of time
- **Example:**
 - 17y/o adolescent girl, suicide attempt with overdose on street purchased fentanyl
 - Found cyanotic with agonal breathing by paramedics
 - Stabilized in ED, sent to PCP for behavioral health referral
 - Seen immediately by the behavioral health staff in primary care and weekly until outpatient therapy established in the community

PROPOSAL

- **Medicaid to Medicare parity for psychotherapy**
 - Example billing code 90832 (30min psychotherapy) reimbursement:
 - Medicaid: \$39, Medicare: \$70, Private: \$106
 - **Medicaid pays 55% Medicare rates** for same service
 - Moreover, kids typically need more coordination with schools, parents, social service agencies
 - **Half of WA children/adolescents are insured on Apple Health (Medicaid)** so practices cannot afford to provide integrated behavioral health when they receive a fraction of the cost of care for *half* their patients.
 - Rate increase supported 2019-2020